

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State File No. *509A*

Registered No. _____

PLACE OF BIRTH

County

District or Township

City

State

or Village

St.

Ward

If birth occurred in a hospital or institution, give its NAME instead of street and number)

If child is not yet named, make supplemental report, as directed.

Full name of child

Sex of Child

To be answered ONLY
in event of plural
births.

4. Twin, triplet or other

6. Legitimate?

7. Date

of birth

Month

Day

Year

5. No., in order of birth

FATHER

name

Residence

(Usual place of abode)

non-resident, give place and state.

Color or race

11. Age at last birthday

(Years)

Birthplace (city or place)

(State or country)

Occupation

Nature of Industry

14.

MOTHER

Full maiden name

15 Residence

(Usual place of abode)

If non-resident, give place and state.

16 Color or race

17. Age at last birthday

(Years)

18. Birthplace (city or place)

(State or country)

19. Occupation

Nature of Industry

Number of children of this mother

Age as of time of birth of child herein
and including this child.

(a) Born alive and now living

(b) Born alive but now dead

(c) Stillborn

21. Were precautions taken against ophthalmia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was

(Born alive or stillborn.)

at *1 P. M.* on the date above stated

When there was no attending physician or midwife, then the father, householder, should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature

When name added from supplemental report

Month, day, year

Registrar

Filed

JUL 1931

Registrar